

**INTEGRATED STATEWIDE INFORMATION SYSTEMS
ISIS TRAVEL SYSTEM
TRAINING REQUEST FORM**

R 06/05

<i>TRAINEE INFORMATION (please print)</i>	
<i>All Trainee Information Fields Must be Completed With the Exception of Special Requirements</i>	
Name:	Agency #:
SSN:	Agency Name:
Personnel No.:	Work City:
E-mail Address:	Special Requirements:
Phone:	
FAX:	

Click in the box to the right of each requested course number.

<i>Instructor Led Classes</i>	
ISIS Travel Administration (1 day)	TRV010 <input type="checkbox"/>

ISIS Liaison/Training Coordinator Approval	Date	Phone

For information concerning submission of completed forms: <http://www.doa.louisiana.gov/ois/service/forms/submission.htm>

For a complete description of each course: <http://www.doa.louisiana.gov/ois/service/training/courses/traveldirectory.htm>